COMMONWEALTH OF KENTUCKY EXECUTIVE BRANCH ETHICS COMMISSION

Capital Complex East, 1025 Capital Center Drive, Suite 104 Frankfort, KY 40601

PHONE: 502-564-7954 OR 800-664-7954 FACSIMILE: (502) 695-5939 ETHICSFILER@KY.GOV



FEB 152019

Executive Grench Ethico Commission

STATEMENT OF FINANCIAL DISCLOSURE For Calendar Year 2018

COMPLETE ALL SECTIONS WITHOUT LEAVING ANY SECTION BLANK

EXECUTIVE BRANCH OFFICERS: Submit by one of the prescribed methods by April 15 or within 30 days of separation from an officer position. (KRS 11A.050(1)(a))

CANDIDATES FOR CONSTITUTIONAL OFFICE: Submit by one of the prescribed methods by February 15. (KRS 11A.050(1)(c); KRS 11A.010(13))

STATEMENTS OF FINANCIAL DISCLOSURE SHALL BE AVAILABLE FOR PUBLIC REVIEW

ANSWER EVERY QUESTION

1.	Name: Last	ADKINS	First ROCKY	Middle or Maiden J.
2.	Home Street Address:			*
	City:	ı	State: KY	Zip:
	Home Phone: ()	-	Home E-mail	address:
	Mobile Phone:			
3.	If you are a candidate for	a constitution	al office, check appro	opriate box:
4.	Attorney General Auditor of P Governor	ublic Accounts	S	Lt. Governor Secretary of State State Treasurer NOT A CANDIDATE
1.	Beginning Date:	m 2016 mat i	equites ining.	
Do	you still occupy this po	sition? Ye	es No	If no, ending date:

	STATE AGENCY FOR POSITION LISTED ABOVE:										
	CABINET: Department or Office Division: Work Street Addres	e :	se an	item.							
	City: Work Phone:	() - Ext.		State: Work	k E-ma	il addr	Zip: ess:	-			
	not employed by stat ork Address: City:	1512 North		Run Ro	ad	Enter 1102	prises -				
Tit	le of any other state	jobs or positions	you hel	d during	the rep	orting y	ear, inclu	ding state	governme		
St	ate Representat	ive, 99 th Distr	ict								NONE
5.	Name and address	s of any other emp	oloyers	(including	g self-e	employn	nent) duri	ng report	ing year:	,	NONE 🔀
	Employer: Work Address: City:	State:		Zip:		-					
6.	Marital status:										
	☐ Single ☐ Married ☐ Widowed (if event occurred prior to calendar year 2018 skip to Question 8.) ☐ Divorced (if event occurred prior to calendar year 2018 skip to Question 8.) If married, please give spouse's full name (including maiden name where applicable):										
			`	ncluding i	maider	name v	* *	,			
	Last: ADKI	INS	First:	LEAH			Middle	МССО	RMICK		
7a.	Spouse's current en	nployer and emplo	oyer's a	ddress:							
	Employer: LMA Strat Work Address:		rategies Group]	NONE 🔀		
	City:	Sandy Hook	:	State:	KY	Zip:	4117	1-			
	Work Phone:	(859) 533-7	199	Work	E-ma	il addres	ss:				
7b.	Spouse's position:	Presid	lent								
7c.	Other employers of	Spouse (includin	g self-e	mployme	ent dur	ing repo	rting year	·)		1	NONE 🛚

8. List the full name of each dependent child of you and/or your spouse:	NONE [
9. List all positions of a fiduciary nature held by you or your spouse in a business, including the name a the business:	nd address of NONE 🔀
10. List any other position in a business, partnership or corporation held by you or your spouse including address of the business:	the name and NONE
Rocky: RJA Enterprises, President Regional Bank Board Member, Kentucky Bank	
Leah: LMA Strategies, President	
11. Provide the name and address of any business in which you, your spouse, or dependent children owner which has a fair market value of at least ten thousand dollars (\$10,000) or which equals at least five percest business; specify whether you listed the interest because of its fair market value or because it constitutes a percent of the business:	nt (5%) of the
IRA, SEP, ROTH, Investment accounts, Hillard Lyons	
12. Provide all sources of gross income exceeding \$1,000 from any one source not listed above, (includin dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income nature of the business and the name and address of the income source.	g interest, ne and the NONE
Rocky: Kentucky General Assembly RJA Enterprises RJ Corman Railroad KY Bank Regional Board	
Leah: LMA Strategies Group	
13. Provide the name and address of all sources of retainers received by you or your spouse relating to ma state agency for which you work or supervise or of any other entity of state government for which you wo decision-making capacity.	atters of the uld serve in a NONE
14. Describe any representation or intervention performed by you or your spouse for any person or busine compensation before a state agency for which you work or supervise or before any entity of state governm you would serve in a decision-making capacity, and include the name and address of that person or busine	ent for which
15. Provide the street address or location and description of all real property in which you, your spouse, of child holds an interest of at least ten thousand dollars (\$10,000): Single-family home, Catlettsburg See Wheeled work	or a dependent NONE [

16. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family.
17. Identify all creditors, including an address, to whom you owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods: NONE
18. Are you aware of any business opportunity, investment opportunity, or other benefit, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government? [PLEASE CONSIDER CAREFULLY BEFORE ANSWERING]
NO YES If yes, attach a description.
I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED IN THIS STATEMENT OF FINANCIAL DISCLOSURE IS COMPLETE AND ACCURATE.
SIGN AND SEND TO THE EXECUTIVE BRANCH ETHICS COMMISSION AS DESCRIBED BELOW.
Signature 2-15-19 Date: 2-15-19
Typed or printed name Rocky Adkins
PENALTIES:
WITHHELD SALARY: Any officer, public servant, or candidate required to file a statement of financial isclosure under KRS 11A.050 who does not file the statement by a date specified in that section shall have his

M nancial ď ave his salary withheld from the first day of noncompliance until he shall have completed the action required by law. The amount withheld shall be deducted from his overall pay and allowances and shall be recoverable upon the filing of the statement of financial disclosure. The commission may grant a reasonable extension of time for filing a statement of financial disclosure for good cause shown. KRS 11A.990(2).

FINES: Any officer, public servant, or candidate who fails to file or files a false Statement of Financial Disclosure may be subject to a written, public reprimand, a recommendation from the Commission that the violator be removed or suspended from office or employment, and required to pay a civil penalty of not more than \$5,000. KRS 11A.100(3).

When you have answered every question, PRINT the Disclosure, SIGN it, and SUBMIT it by:

ELECTRONIC MAIL: EthicsFiler@ky.gov

FAX: (502) 695-5939

IN PERSON or by U.S. MAIL:

Executive Branch Ethics Commission Capital Complex East, 1025 Capital Center Drive, Ste 104 Frankfort, KY 40601

Trigg, Bill (Ethics Commission)

From:

Rocky <r

Sent:

Monday, February 18, 2019 12:27 PM

To:

Trigg, Bill (Ethics Commission)

Subject:

RE: Your CY2018 statement of financial disclosure (SFD)

Bill,

Thank you for contacting me on information needed to complete my SFD. My home street address is:

Thank you,

Rocky

From: Trigg, Bill (Ethics Commission) [mailto:Bill.Trigg@ky.gov]

Sent: Monday, February 18. 2019 10:27 AM

To:

Subject: Your CY2018 statement of financial disclosure (SFD)

Dear Representative Adkins:

In answer to question #2 on your SFD, I wonder if you could supply your home street address, as requested by the form? We redact personal information—including home address—from the document before release. If you give the information by return e-mail, we will attach a copy to the SFD, and consider it complete.

Thank you much,

Bill

Bill Trigg, Staff Assistant Executive Branch Ethics Commission 1025 Capital Center Drive, Suite 104 Frankfort, Kentucky 40601 502/564-7954

Fax: (502) 695-5939

Trigg, Bill (Ethics Commission)

From: Sent:	Rocky · Monday, February 18, 2019 12:56 PM			
To: Subject:	Trigg, Bill (Ethics Commission) RE: Your CY2018 statement of financial disclosure (SFD)			
10056 Windsong Court Catlettsburg, Ky. 41129				
Sent: Monday, February 18 To: Rocky	ommission) [mailto:Bill.Trigg@ky.gov] 8, 2019 12:49 PM 8 statement of financial disclosure (SFD)			
Mr. Adkins:				
I am very sorry to trouble you again, but—in regard to question #15—Pwonder if we could get the street address of the real property in Catlettsburg?				
Thank you.				
From: Rocky Sent: Monday, February 18, 2019 12:27 PM To: Trigg, Bill (Ethics Commission) <bill.trigg@ky.gov> Subject: RE: Your CY2018 statement of financial disclosure (SFD)</bill.trigg@ky.gov>				
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Bill